

Privacy Act Release Form

Return Form to:

Senator Saxby Chambliss

6501 Peake Road, Building 950, Macon, Georgia 31210

478-476-0788 / 800-234-4208 / 478-476-0735 (fax)

PLEASE PRINT:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

MOBILE PHONE: _____ E-MAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

CSA OR CSF NUMBER/

OTHER ID NUMBER _____ VA NUMBER _____

NATURE OF PROBLEM: Please indicate the name of the federal agency or department involved; for example, Social Security Administration. Give a brief but complete statement regarding the nature of the problem and the assistance needed from this office. Please attach copies of any additional pertinent documents. *Use additional paper if necessary.*

FEDERAL AGENCY OR DEPARTMENT: _____

STATEMENT: _____

Pursuant to the requirements of the Privacy Act, PL 93-579, I hereby grant Senator Chambliss and his staff access to my records so that they may assist me with my case.

Signature: _____ Date: _____